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 MARSHALL MENTOR PROGRAM

Medical Student Evaluation Form for Early Clinical Experience

 Academic Year 2018-2019

**This form must be completed in order to receive CME credit.** Clinicians will receive 10 hours of CME credit for every student with whom they work for a maximum of 20 CME hours.

**Student Name**:

**Clinician Name**:

**Date**:

Please check the appropriate response. If student does not meet, please explain.

 One hour of career advising was completed per semester: \_\_\_\_yes \_\_\_\_\_no

Did the student meet your expectations with respect to?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Did Not Meet Expectations | Meets Expectations | Exceeds Expectation |
| Demonstrating eagerness forlearning? |  |  |  |
| Exhibiting professional conduct? |  |  |  |
| Demonstrating empathy andrespect for patients? |  |  |  |
| Additional Comments: |

Faculty Name (please print):

Faculty Signature:

**This form should be submitted to Laura Christopher, Asst. Director of Academic and Career Support Services**

**christopherl@marshall.edu** **or Fax: 304-691-1727**